

B 10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF VIRGINIA		PROOF OF CLAIM
<p>Debtor against which claim is asserted: (Check only one box below:)</p> <p><input checked="" type="checkbox"/> Circuit City Stores, Inc. (Case No. 08-35653) <input type="checkbox"/> CC Distribution Company of Virginia, Inc. (Case No. 08-35659) <input type="checkbox"/> Circuit City Stores West Coast, Inc. (Case No. 08-35654) <input type="checkbox"/> Circuit City Stores PR, LLC (Case No. 08-35660) <input type="checkbox"/> InterTAN, Inc. (Case No. 08-35655) <input type="checkbox"/> Circuit City Properties, LLC (Case No. 08-35661) <input type="checkbox"/> Ventoux International, Inc. (Case No. 08-35656) <input type="checkbox"/> Orbyx Electronics, LLC (Case No. 08-35662) <input type="checkbox"/> Circuit City Purchasing Company, LLC (Case No. 08-35657) <input type="checkbox"/> Kinzer Technology, LLC (Case No. 08-35663) <input type="checkbox"/> CC Aviation, LLC (Case No. 08-35658) <input type="checkbox"/> Courchevel, LLC (Case No. 08-35664)</p> <p><small>NOTE: This form should not be used to make a claim for administrative expenses incurred after the commencement of the case. The proper form for payment of administrative expenses may be filed pursuant to 11 U.S.C. § 503(a).</small></p>		
<p>Name of Creditor (the person or other entity to whom the debtor owes money or property): Laura Scannell</p> <p>Name and address where notices should be sent: Laura Scannell 6055 Knights Ridge Way Alexandria, VA 22310</p>		<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p>Court Claim Number: _____ <i>(If known)</i></p> <p>Filed on: _____</p>
<p>Name and address where payment should be sent (if different from above): Telephone number: _____</p>		<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input type="checkbox"/> Check this box if you are the debtor or trustee in this case.</p>
<p>1. Amount of Claim as of Date Case Filed: <u>\$ 2,029.73</u></p> <p>If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.</p> <p>If all or part of your claim is entitled to priority, complete item 5.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.</p> <p>2. Basis for Claim: <u>Goods purchased but not received</u> (See instruction #2 on reverse side.)</p> <p>3. Last four digits of any number by which creditor identifies debtor: <u>0802</u></p> <p>3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)</p> <p>4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate: %</p> <p>Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____</p> <p>6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.</p> <p>7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)</p> <p>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:</p> <p>Date: <u>3/6/09</u></p> <p>Signature: the person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p> <p>Laura L. Scannell Laura L. Scannell</p>		<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.</p> <p>Specify the priority of the claim.</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier — 11 U.S.C. § 507(a)(4).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5).</p> <p><input checked="" type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units — 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).</p> <p>Amount entitled to priority: <u>\$ 2029.73</u></p> <p><i>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i></p> <p>FOR COURT USE ONLY</p>

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Laura Scannell
6055 Knights Ridge Way
Alexandria, VA 22310
T: (703) 924-0586

March 16, 2009

Circuit City Claims Processing
c/o Kurtzman Carson Consultants LLC
2335 Alaska Avenue
El Segundo, CA 90245
T: (888) 830-4650

To Whom It May Concern:

I am making a claim to recover a deposit made to Circuit City Stores, Inc. for the amount of \$2029.73, which was paid in full by personal check on January 7, 2009.

On January 3, 2009, I purchased a Samsung model LN 46A650 television and an extended warranty from the Circuit City store located in Springfield, Virginia (store #00802). The store did not have the item in stock. The sales clerk stated that I would be called when the shipment arrived, which would be in one to two weeks. However, I never received the merchandise. On a weekly basis for the next month and a half, I made follow-up calls to the Circuit City Store and was told that trucks containing the store's merchandise arrive on Fridays, they could not tell me where my order was, and I should wait for the next shipment. At no point was I informed that my order might not be filled.

I have enclosed a copy of the sales receipt and a copy of my bank statement with the paid check highlighted. Due to the poor quality of the sales receipt (faded ink), I have transcribed the information on the top portion of the copy. Please let me know if you require the original receipt. Please provide acknowledgement of the claim filing using the enclosed envelope and claim copy.

Thank you for your time and attention to this matter.

Sincerely,



Laura L. Scannell

Enclosure



Your monthly Signature Advantage statement for January, 2009

Your checking account

44:38



Customer

LAURA SCANNELL
6055 KNIGHTS RIDGE WAY

Your Signature Advantage cash summary (continued)

Important Information about your Signature Advantage cash activity

Details of cash activity in date order - below lists all cash activity in your Signature Advantage account in date order. This includes any investment and checking activity which affects your cash. Check expense codes, if entered, are listed with the check's description. In the first column of this section:

- CHK identifies checking activities
- INV identifies investment activities

Details of cash activity in date order

Class	Date	Description	Amount added (\$)	Amount deducted (\$)	Balance (\$)
CHK	Jan 07	Check Paid 2057		(2,029.73)	93,205.10

You are here

Bulletin Board

Your SunTrust accounts summary

Your Signature Advantage cash summary

Your Signature Advantage investments

Balancing your Signature Advantage account



Your monthly Signature Advantage statement for January, 2009
Customer LAURA L SCANNELL
6055 KNIGHTS RIDGE WAY

Your Signature Advantage check images

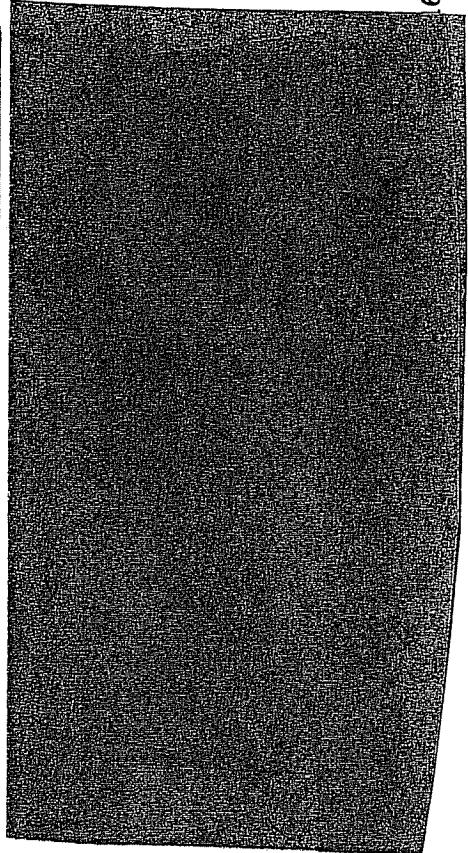
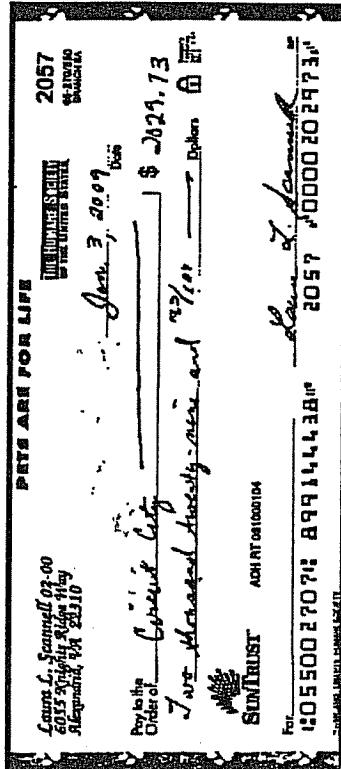
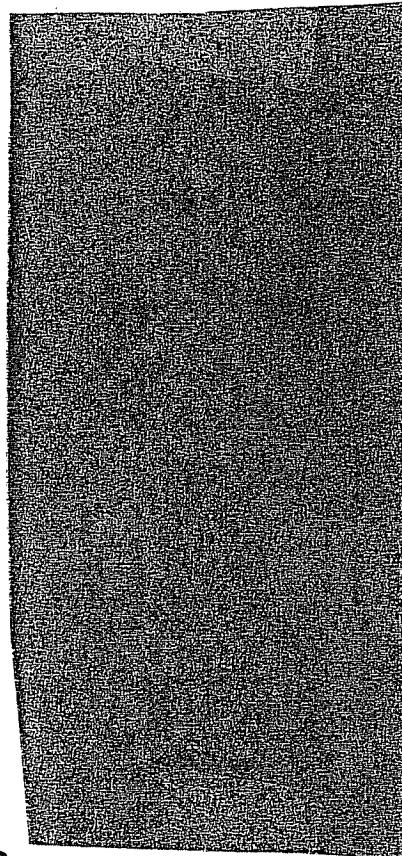
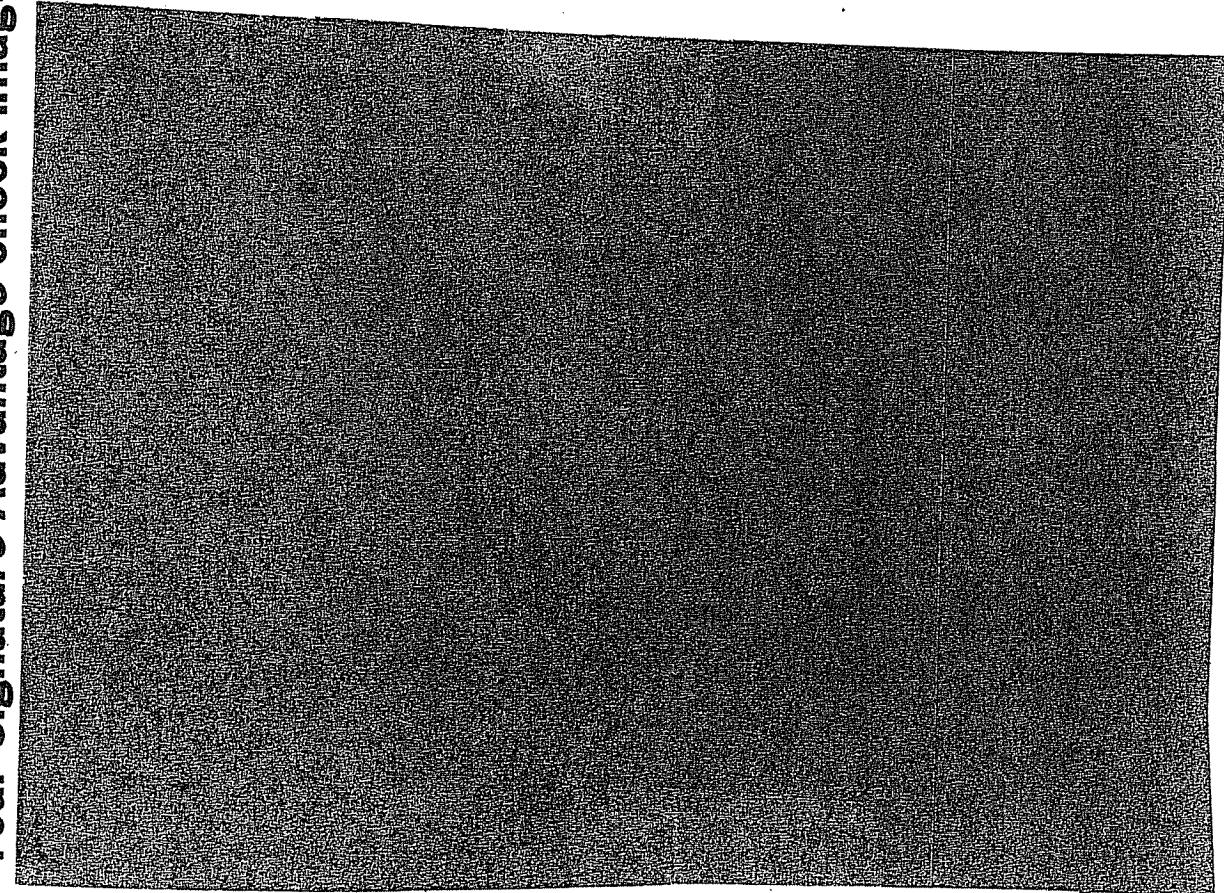
Your checking account
#1438



You are here

Bulletin Board

Your SunTrust accounts summary
Your Signature Advantage cash summary
Your Signature Advantage investments
Balancing your Signature Advantage account



Circuit City Store Inc.
Store 00802
6640 Loisdale Rd
Springfield, VA 22150
(703) 922-0565

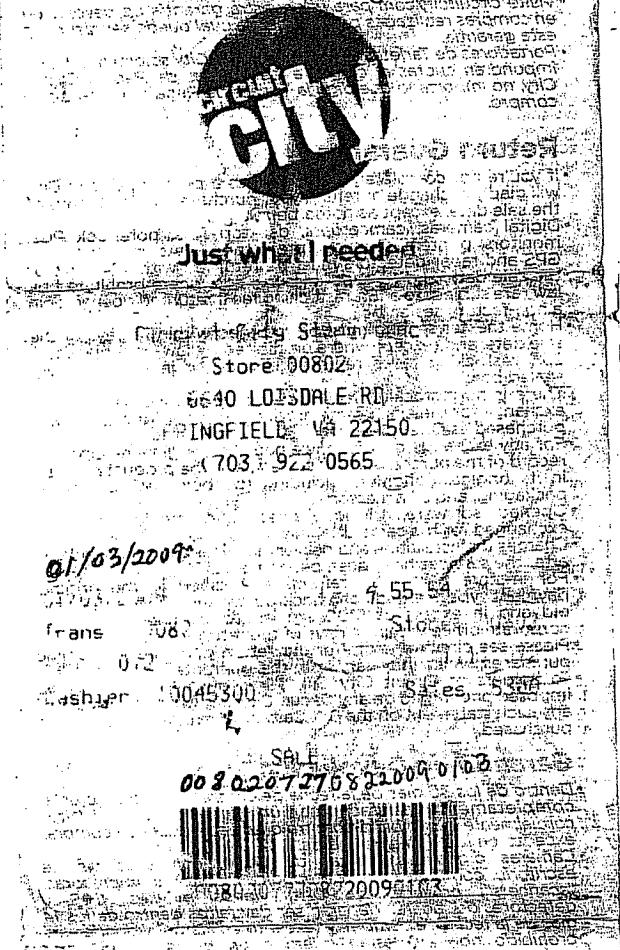
Transaction Date: 01/03/2009 4:55:54

Trans 7082 Store 00802

Reg 072

Cashier 10045300 Sales 5300

Bar Code: 00802072708220090103



46" 1080P LCD TV 1,649.99 T
SAMLN46A650 1 @ 1,649.99 W

Deposit applied: 1,732.49

Status: New

Warranty Protection Plan 289.99

Protection Plan 36 months

Balance Due 0.00

Sub-Total 1,939.98

Tax 89.75

Total 2,029.73

Deposited Check (S) 2,029.73

Auth: 150670 (A)

Total Tender 2,029.73

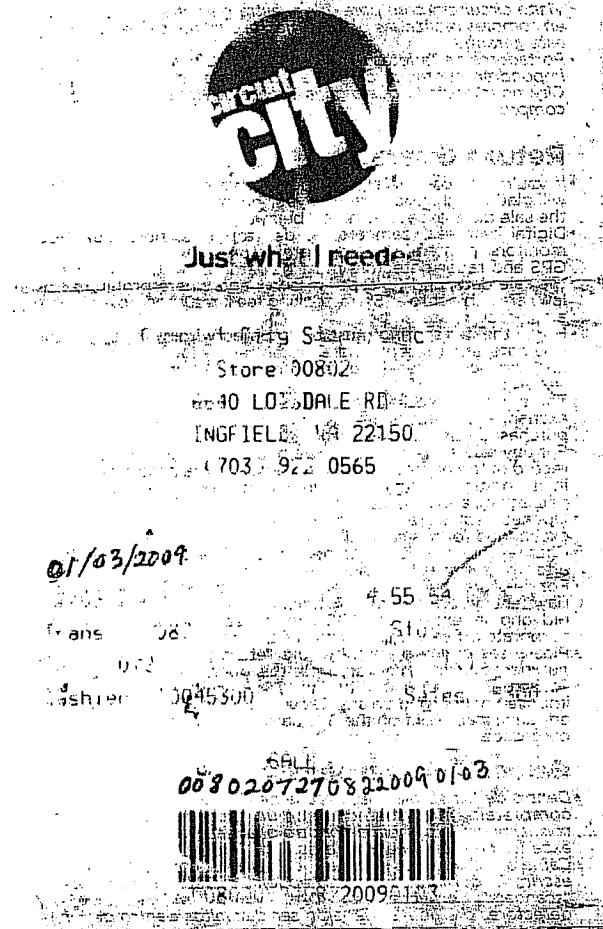
Change Due 0.00

Minimum Deposit Amount 297.24

Deposit Paid 2,029.73

Balance Due 0.00

SAM LN46A650 has been ordered for you.
Your Sales Associate will notify you
when the product is received.



46" 1080P LCD TV 1,649.99 T
SAMLN46A650 1 @ 1,649.99 W
Deposit applied: 1,732.49
Status: New
Warranty Protection Plan 289.99
Protection Plan 36 months
Balance Due 0.00

Sub-Total 1,939.98
Tax 89.75
Total 2,029.73

Deposited Check (\$)
Auth: 150670 (A) 2,029.73

Total Tender 2,029.73

Change Due 0.00

Minimum Deposit Amount 297.24

Deposit Paid 2,029.73

Balance Due 0.00

SAM LN46A650 has been ordered for you.
Your Sales Associate will notify you
when the product is received.



Just what I needed.

Store 00892
40 LOTSDALE RD
ANGFIELE 14 22150
(703) 922 0565

01/03/2009

4.55

St. 17.

00803072768220090103



2009.2.13.3

46" 1080P LCD TV 1,649.99 T

SAMLN46A650 1 @ 1,649.99 W

Deposit applied: 1,732.49

Status: New

Warranty Protection Plan 289.99

Protection Plan 36 months

Balance Due 0.00

The Circuit City Advantage Protection Plan for the SAM LN46A650 starts on the day you receive your product and expires in 36 months. Benefits for all plans except for Monitors, Printers, Scanners, and PDAs begin on the day you receive your product. For Monitors, Printers, Scanners, and PDAs: Power surge coverage begins on the day you receive your product, all other benefits begin at the end of the manufacturer's warranty or 1 year (whichever is less). The Plan is fulfilled when products are replaced for any reason after the expiration of the manufacturer's warranty. This plan term is inclusive of the manufacturer's warranty and the store return policy. See your local store for complete details. PLEASE NOTE: YOUR CONTRACT PROVIDES MANDATORY ARBITRATION FOR ALL FUTURE DISPUTES, EXCEPT SMALL CLAIMS. ARBITRATION LIMITS SOME OF YOUR RIGHTS - FOR A LIMITED TIME, YOU MAY REJECT ARBITRATION. Refer to your Comprehensive Service Guide and Terms and Conditions for complete details including service solutions and support contact numbers.

**This sales receipt and the accompanying Terms and Conditions constitute your Circuit City Advantage Protection Plan.

** Thank you for your purchase.

Get a Chance to Win One of Five \$1000
Gift Cards! Take Circuit City's
Customer First Survey.

Queremos saber su opinion. Conteste
nuestra encuesta por Internet

WWW.CIRCUITCITY.COM/SURVEY

Use the following customer
code to enter on-line:

SZU 62P3 KGKK

No purchase necessary.
See Circuit City stores for details.
Void where prohibited.
Find out where you can recycle your old
electronics at www.circuitcity.com/green.
Thanks for making your purchase at
Circuit City!